STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	285076	A. Building B. Wing	08/20/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Adept Nursing & Rehab of South Sioux City	3501 Dakota Avenue South Sioux City, NE 68776

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F 0725 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Provide enough nursing staff every day to meet the needs of every resident; and have a licensed nurse in charge on each shift. Licensure Reference Number 175 NAC 12.006.04(D) Licensure Reference Number 175 NAC 12-006.04(G)Based on observation, record review, and interview; the facility failed to ensure adequate staffing related to call light response times. This had the potential to affect all residents who were able to activate use of their call light. Findings are:A. Review of the Facility Assessment for The Palms at Regency Square with a revised date of 6/6/25 revealed:-The facility assessment was used to make staffing decisions to ensure that there were sufficient number of staff to care for the residents as identified through resident assessments and plans of care. B. An observation on 8/17/25 revealed Resident 53's call light was turned on at 9:04 AM. The resident was hollering out for help at 9:20 AM and the call light was answered at 9:31 AM, (the call light was on for 26 minutes).An interview with Resident 53 on 8/17/25 at 10:25 AM revealed Resident 53 reported staff take over 15 minutes to answer the call light many times. Review of the facility Device Activity Report (record of call light activations and responses) for Resident 53 from 8/10/25 through 8/17/25 revealed the following call light response times greater than 15 minutes:-8/15/25 at 2:56 PM answered at 15 minutes 33 seconds,-8/15/25 at 6:48 PM answered at 17 minutes 31 seconds, -8/15/25 at 9:20 PM answered at 26 minutes 33 seconds, -8/16/25 at 9:34 AM answered at 26 minutes 30 seconds, -8/17/25 at 9:31 AM answered at 26 minutes 46 seconds,-8/17/25 at 1:59 PM answered at 22 minutes 55 seconds. C. Review of the Device Activity Report from 8/18/25 through 8/20/25 revealed the following call light response times greater than 15 minutes random rooms:-8/18/25 at 7:23 AM answered at 37 minutes 11 seconds,-8/18/25 at 8:04 AM answered at 39 minutes 19 seconds, -8/18/25at 8:10 AM answered at 28 minutes 8 seconds, -8/18/25 at 8:52 AM answered at 16 minutes 54 seconds, -8/18/25 at 9:15 AM answered at 27 minutes 21 seconds,-8/18/25 at 9:16 AM answered at 27 minutes 25 seconds,-8/18/25 at 10:33 AM answered at 17 minutes 1 second,-8/18/25 at 11:16 AM answered at 17 minutes 42 seconds, -8/18/25 at 11:38 AM answered at 20 minutes 30 seconds,-8/18/25 at 1:47 PM answered at 21 minutes 58 seconds, -8/18/25 at 2:08 PM answered at 39 minutes 7 seconds, -8/18/25 at 2:09 PM answered at 16 minutes 32 seconds,-8/18/25 at 2:53 PM answered at 21 minutes 7 seconds, -8/18/25 at 4:02 PM answered at 22 minutes 57 seconds,-8/18/25 at 4:02PM answered at 29 minutes 29 seconds,-8/18/25 at 4:45 PM answered at 17 minutes 36 seconds, -8/18/25 at 4:57 PM answered at 17 minutes 56 seconds,-8/18/25 at 6:44 PM answered at 26 minutes 32 seconds, -8/18/25 at 6:47 PM answered at 21 minutes 28 seconds,-8/18/25 at 7:26 PM answered at 15 minutes 51 seconds, -8/18/25 at 7:38 PM answered at 56 minutes 25 seconds,-8/18/25 at 7:45 PM answered at 29 minutes 5 seconds, -8/18/25 at 7:48 PM answered at 31 minutes 31 seconds, -8/18/25 at 7:58 PM answered at 28 minutes 23 seconds, -8/18/25 at 8:07 PM answered at 35 minutes, -8/18/25 at 8:26 PM answered at 17 minutes 56 seconds, -8/18/25 at 8:55 PM answered at 15 minutes 44 seconds, -8/19/25 at 6:26 AM answered at 22 minutes 41 seconds, -8/19/25 at 7:44 AM answered at 20 minutes 51 seconds, -8/19/25 at 8:30 AM answered at 15 minutes 50 seconds-8/19/25 at 8:39 AM answered at 22 minutes 4 seconds, -8/19/25 at 2:53 PM answered at 34 minutes 28 seconds, -8/19/25 at 3:17 PM answered at 19 minutes 50 seconds, -8/19/25 at 5:18 PM answered at 20 minutes 13 seconds,-8/19/25 at 6:55 PM (continued on next page)

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE

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F 0725 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	answered at 17 minutes 35 seconds,-8/19/25 at 6:57 PM answered at 26 minutes 47 seconds, -8/19/25 at 7:32 PM answered at 21 minutes 56 seconds, -8/19/25 at 7:11 PM answered at 15 minutes 28 seconds,-8/19/25 at 7:33 PM answered at 59 minutes 6 seconds,-8/19/25 at 7:52 PM answered at 26 minutes 47 seconds, -8/19/25 at 8:20 PM answered at 45 minutes 59 seconds,-8/19/25 at 8:45 PM answered at 17 minutes 38 seconds, -8/19/25 at 9:07 PM answered at 19 minutes 27 seconds. D. Resident Council Meeting on 8/20/25 at 9:57 AM revealed the residents in attendance voiced call lights were not answered in an acceptable time frame. E. Interview on 8/19/25 at 2:10 PM with the Director of Nursing revealed that the facility expected staff to answer the call lights within 15 minutes. The facility does not have a policy related to answering call lights. Interview on 8/19/25 at 2:50 PM with the Administrator confirmed there were call lights on longer than 15 minutes on 8/17/25 through 8/19/25 and staff were expected to answer call lights within 15 minutes.

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F 0756 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Ensure a licensed pharmacist perform a monthly drug regimen review, including the medical chart, following irregularity reporting guidelines in developed policies and procedures. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Licensure Reference Number 175 NAC 12-006.05Based on record review and interviews, the facility failed to ensure gradual dose reductions were attempted or documented clinical contraindications were completed for Resident 1's antipsychotic and antianxiety medications, and Resident 2 and 23's antidepressant medications. The sample size was 5 and the facility census was 44. Findings are: A. Review of the facility policy Use of Psychotropic Medication with a revision date of 8/25 revealed the following;-It was the intent of the policy to ensure residents only received psychotropic medications when other nonpharmacological interventions were clinically contraindicated. Additionally, those medications were only used to treat resident's medical symptoms and not used for discipline or staff convenience. -adequate indications for use referred to the identified, documented clinical rationale for administering a medication based on assessment of the resident's condition and therapeutic goals and after other treatments were deemed inadequate.-Psychotropic medications were used only when a practitioner determined the medication was appropriate to treat a resident's specific diagnosed, and documented condition, and the medication was beneficial to the resident as demonstrated by monitoring and documentation of the resident's response. -Prior to initiating or increasing a psychotropic medication, the resident, family, and/or resident representative were informed of the risks, benefits, and alternatives for the medication including warnings for antipsychotic medications in advance of such initiated increases. -Residents had the right to accept or decline the initiation or increase of a psychotropic medication.-The facility documented the resident or resident representative was informed in advance of the risks and benefits of the proposed care, the treatment alternatives or other options and the preferred option to accept or decline in a format the facility deemed. -Residents who received psychotropic medications received gradual dose reductions, unless clinically contraindicated, in an effort to discontinue the drugs. B. Review of Resident 1's Minimum Data Set (MDS-federally mandated assessment used to develop resident care plans) dated 5/20/24 revealed the resident took antipsychotic and antianxiety medications 7 out of 7 of the preceding days. In addition, the resident had diagnoses of dementia, anxiety, and depression. Review of Resident 1's Consultant Recommendation to Physician dated 11/20/24 revealed the resident had been taking the antianxiety medication Buspar 5 mg daily since 5/31/24. The provider chose not to attempt a gradual dose reduction of the medication, however there was no documented clinical rationale. Review of Resident 1's Consultant Recommendation to Physician dated 11/20/24 revealed the resident had been taking the antipsychotic medication Quetiapine 25 milligrams (mg) daily since 7/17/24. The provider chose not to attempt a gradual dose reduction of the medication, however there was no documented clinical rationale. Review of Resident 1's Consultant Recommendation to Physician dated 2/10/25 revealed the resident had been taking the antipsychotic medication Quetiapine 25 milligrams (mg) daily since 7/17/24. The provider chose not to attempt a gradual dose reduction of the medication, however there was no documented clinical rationale Review of Resident 1's Consultant Recommendation to Physician dated 6/13/25 revealed the resident had been taking the antianxiety medication Buspar 5mg daily since 5/31/24. The provider chose not (continued on next page)

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F 0756 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	to attempt a gradual dose reduction of the medication, however there was no documented clinical rationale. Review of Resident 1's Care Plan with a revision date of 8/15/25 revealed the resident took the psychotropic medications due to an anxiety disorder and staff were to evaluate effectiveness and side effects routinely to consider decreasing or eliminating those medications. During an interview on 8/19/25 at 2:55 PM Director of Nursing (DON) confirmed that Resident 1 did not a documented clinical rationale for not attempting a dose reduction for the psychotropic medications quetiapine and buspirone despite the pharmacist recommendations to the physician. C. Review of Resident 2's MDS dated [DATE] revealed the resident had diagnoses of dementia and bipolar disorder and took antidepressant medication 7 out of 7 of the preceding days. Review of Resident 2's Care Plan with a revision date of 8/23/23 took the antidepressant Effexor/Venlafaxine for Bipolar disorder and staff were to monitor effects and for adverse effects. Review of Resident 2's Consultant Recommendation to Physician dated 10/21/24 revealed the resident had been taking Effexor XR 75mg daily since 10/19/23. The provider chose not to attempt a gradual dose reduction, however, did not document a clinical rationale for not attempting a reduction. During an interview on 8/19/25 at 10:05 AM The Director of Nursing Confirmed the facility did not have documented rationale or clinical indication from the provider as to why a gradual dose reduction was contraindicated for Resident 2's antidepressant medication Venlafaxine. D. Review of Resident 23's MDS dated [DATE] revealed the resident was cognitively intact, required assistance from staff with toileting, dressing, and personal hygiene; had diagnoses of Renal Disease, Diabetes, Non-Alzheimer's Disease Dementia; Parkinson's Disease, Anxiety, Depression, and Schizophrenia; and received Antipsychotic and Antidepressant medications. Review of Resident 23's Care Plan last revised 8/5/25 revealed the resident required assistance with dressing and toileting; had a history of mental illness; had a mood disorder;; diagnoses included Parkinson's Disease, history of other diseases of the nervous system, Chronic Kidney Disease, Diabetes, Major Depressive Disorder, Anxiety, Dementia without behaviors, Schizophrenia (a brain disorder that affects how a person thinks, feels, and behaves); and received psychotropic medications. Review of Resident 23's Medication Review Report revealed an order for Sertraline (an antidepressant medication) 50 milligrams (mg) daily for Major Depressive Disorder with an original order date of 1/3/24. Review of the facility form Consultant Recommendation to Physician dated 9/2/24 revealed there was no documented rationale for the continued use of the Sertraline and the Physician should have documented a rationale. Interview with the DON on 8/19/25 at 12:00 PM confirmed there was no rationale documented for the continued use of Sertraline.

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F 0552 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Ensure that residents are fully informed and understand their health status, care and treatments. Licensure Reference Number 175 NAC 12-006.12Based on record review and interview; the facility failed to obtain signed consent for the use of psychotropic (affects the brain and nervous system, altering mood, perception, cognition, and behavior) medications prior to use to ensure the resident's responsible party was educated on the benefits and risks prior to the medication being used for Resident 1. The sample size was 5 and the facility census was 44. Findings are: Review of the facility policy Use of Psychotropic Medication with a revision date of 8/25 revealed the following;-It was the intent of the policy to ensure residents only received psychotropic medications when other nonpharmacological interventions were clinically contraindicated. Additionally, those medications were only used to treat resident's medical symptoms and not used for discipline or staff convenience. -adequate indications for use referred to the identified, documented clinical rationale for administering a medication based on assessment of the resident's condition and therapeutic goals and after other treatments were deemed inadequate.-Psychotropic medications were used only when a practitioner determined the medication was appropriate to treat a resident's specific diagnosed, and documented condition, and the medication was beneficial to the resident as demonstrated by monitoring and documentation of the resident's response. -Prior to initiating or increasing a psychotropic medication, the resident, family, and/or resident representative were informed of the risks, benefits, and alternatives for the medication including warnings for antipsychotic medications in advance of such initiated increases. -Residents had the right to accept or decline the initiation or increase of a psychotropic medication.-The facility documented the resident or resident representative was informed in advance of the risks and benefits of the proposed care, the treatment alternatives or other options and the preferred option to accept or decline in a format the facility deemed. Review of Resident 1's Minimum Data Set (MDS-federally mandated assessment used to develop resident care plans) dated 5/20/24 revealed the resident took antipsychotic and antianxiety medications 7 out of 7 of the preceding days. In addition, the resident had diagnoses of dementia, anxiety, and depression. Review of Resident 1's Medication Administration Record date May 2025 revealed the resident was receiving the antipsychotic medication Quetiapine 25 milligrams (mg) daily and the anti-anxiety medication Buspirone 5mg daily starting on 5/6/25. Review of Resident 1's Care Plan with a revision date of 8/15/25 revealed the resident took the psychotropic medications due to an anxiety disorder and staff were to evaluate effectiveness and side effects routinely to consider decreasing or eliminating those medications. Review of Resident 1's Psychotropic Medication Informed Consent dated 5/20/25 revealed the facility obtained consent for the use of psychotropic medications (buspirone, and quetiapine) on 5/20/25 (15 days after the readmission orders for the medications were started/given. During an interview on 8/18/25 at 11:00 AM Registered Nurse -V revealed the facility was requesting consent from residents or their responsible parties for the use of psychotropic medications but were not waiting to obtain that consent prior to starting the medications. During an interview on 8/20/25 at 10:28 AM the Director of Nursing confirmed the facility had no evidence the facility obtained informed consent prior administering psychotropic medication (quetiapine, and buspirone) to Resident 1.

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F 0757 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Ensure each resident?s drug regimen must be free from unnecessary drugs. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Licensure Reference Number 175 NAC 12-006.09(H)Based on record review and interview; the facility failed to ensure Resident 16 had a documented duration of use for an antibiotic. The sample size was 23 and the facility census was 44. Findings are: Review of the facility policy Antibiotic Stewardship Program last revised 6/1/25 revealed the purpose of the program was to optimize the treatment of infections while reducing the adverse events associated with antibiotic use. The program included antibiotic use protocols and a system to monitor antibiotic use. Antibiotic use protocols included:-nursing staff were to assess residents who were suspected to have an infection and notify the physician, -laboratory testing would be in accordance with current standards of practice, and -all prescriptions for antibiotics would specify the dose, duration, and indication for use. Monitoring antibiotic use included:-staff would monitor responses to antibiotics to determine if the antibiotic was still indicated, -antibiotic orders obtained upon admission-whether new or a readmission would be reviewed for appropriateness, and -antibiotic orders obtained from consulting, specialty, or emergency providers would be reviewed for appropriateness. Review of Resident 16's Minimum Data Set (MDS- a federally mandated assessment tool used in care planning) dated 7/16/25 revealed the resident was admitted on [DATE] with End Stage Kidney Failure, Stroke, Depression, and Asthma; was dependent with dressing, and toileting, and needed assistance with personal hygiene; was always incontinent; and was cognitively intact. Review of Resident 16's Care Plan last updated 8/19/25 revealed the resident was at risk for recurrent Urinary Tract Infections (UTI); required assistance with transfers, toileting, dressing, and personal hygiene; was always incontinent due to a history of a stroke; and had diagnoses of paralysis due to a stroke, Diabetes, Chronic Kidney Disease, End Stage Renal Disease, and Dependence on Dialysis. Review of Resident 16's Medication Administration Record for August 2025 revealed an order for Nitrofurantoin (an antibiotic) 100 milligrams (mg) orally 1 time per day for a history of UTI's and for prophylaxis (taken to prevent an infection) ordered 6/28/25 with no stop date and Cefdinir (an antibiotic) 300mg twice daily for 7 days for a UTI ordered 8/18/25. An interview on 8/19/25 at 12:50 PM with Licensed Practical Nurse (LPN)-P confirmed the Nitrofurantoin did not have a stop date and the Resident 16 was taking the antibiotic for prophylaxis. Further interview confirmed that antibiotics should have a stop date and the resident had a current UTI and was started on an additional antibiotic to treat it. An interview with the Director of Nursing on 8/19/25 at 2:45 PM confirmed antibiotics should have a stop date. Further interview confirmed Resident 16 had a current UTI and was started on an additional antibiotic.

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F 0880 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide and implement an infection prevention and control program. Licensure Reference Number 175 NAC 12-006.18Based on observation, record review, and interview; the facility failed to utilize the required Personal Protective Equipment (PPE-gowns and gloves) during the provision of cares for Resident 23 who was on Enhanced Barrier Precautions (EBP). The sample size was 3 and the facility census was 44. Findings are: Review of the facility policy Enhanced Barrier Precautions last revised on 5/30/25 revealed the facility was to implement EBP for the prevention of transmission-based Multidrug-Resistant Organisms (MDRO's). EBP referred to an infection control intervention designed to reduce transmission of MDRO's that employed targeted gown and glove use during high-contact resident care activities. An order for EBP would be obtained for residents with wounds (chronic wounds, diabetic foot ulcers, unhealed surgical wounds) or indwelling medical devices (such as catheters).Implementation of EBP: gowns and gloves available immediately near or outside of the resident's room and PPE for EBP was necessary when performing high-contact care activities. High-contact care activities included: dressing, bathing, transferring, providing hygiene, changing linens, changing briefs or assisting with toileting, and wound care. Review of Resident 23's Minimum Data Set (MDS-a federally mandated assessment tool used in Care Planning) dated 7/30/25 revealed the resident was cognitively intact; required assistance with toileting, dressing, and hygiene; diagnoses included Renal Disease, Diabetes, Non-Alzheimer's Dementia, Parkinson's Disease, Anxiety, and Depression; and the resident had open lesions to at least 1 foot. Review of Resident 23's Care Plan last revised 8/5/25 revealed the resident received assistance with dressing and toileting; had chronic open areas to feet and toes which included numerous wounds on feet and toes that were diabetic ulcers; required EBP due to an MDRO; and had diagnoses of paralysis due to a stroke, Diabetes, Chronic Kidney Disease, End Stage Renal Disease, Dependence on Dialysis, and non-pressure chronic ulcer of part of right foot. Review of Resident 23's Medication Review Report revealed an order for EBP due to wounds. Staff were to ensure appropriate PPE was used during resident cares. The following observations were made with Resident 23:-on 8/17/25 at 10:05 AM the resident was in the resident room resting on the bed watching tv. The resident had a sign for EBP precautions next to the resident's name on the wall outside of the resident room. A caddy for PPE was noted to be on the back of the resident's room door.,-on 8/18/25 at 2:00 PM the resident was laying on top of the resident bed watching tv. An EBP sign was located on the wall next to the resident's name plate.,-on 8/19/25 at 9:30 AM the resident was in the resident room watching tv. An EBP sign was located next to the resident's name on the wall and a PPE caddy was noted behind the door with supplies inside.,-on 8/19/25 a 9:55 AM Registered Nurse (RN)-K and Nursing Assistant (NA)-R performed hand hygiene, applied gloves, and entered the resident's room. RN-K, not wearing a gown completed the treatments to the open wounds on the resident's feet. NA-R, not wearing a gown, assisted by holding the resident's leg up. When the treatment was completed, RN-K and NA-R removed their gloves and performed hand hygiene. An interview on 8/19/25 at 10:15 AM with RN-K confirmed the resident had EBP in place with a caddy of PPE behind the resident's room door. Further interview confirmed RN-K and NA-R should have worn PPE during the dressing change and when providing cares to the resident. On 8/19/25 at 10:55 AM an interview with the Director of Nursing confirmed the resident was on EBP and PPE should have been worn during the treatment to the resident's open areas on the feet.